

HIT Policy Committee/Strategic Plan Workgroup Transcript January 29, 2010

Presentation

Judy Sparrow – Office of the National Coordinator – Executive Director

Jodi, do you want me to do a roll call?

Jodi Daniel – ONC – Director Office of Policy & Research

Sure.

Judy Sparrow – Office of the National Coordinator – Executive Director

(Roll call taken. Attendees present: Jodi Daniel, Paul Egerman, David McCallie, Deven McGraw, Cris Ross, Seth Pazinski.)

Jodi, with that I'll turn it over to you.

Jodi Daniel – ONC – Director Office of Policy & Research

We seem to have a small group. Hopefully, a couple more will join us while we get started.

Judy Sparrow – Office of the National Coordinator – Executive Director

You're echoing.

Jodi Daniel – ONC – Director Office of Policy & Research

Is that any better?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

Sorry, I'm on a headset, so let me know if you have any problems hearing me. This is just our small breakout group focusing on themes two and three, and what we were hoping to do today was focus primarily on strategies and working from the objectives that we had presented to the policy committee and trying to drill down another level into the strategies that we need to be thinking about.

One more thing I wanted to say is that what we put together here just as an overview we tried to pull out things that are some ongoing activities that we have or some things that we've heard from some folks on the call in this group regarding strategies, but these are not necessarily comprehensive. It's just we wanted to have a place to get the conversation started, so we're very much looking for your input on things that are missing, things that need to be reframed, or things that maybe are a couple years out. We kind of focused on the things that we knew were kind of going on, things we're required to do, or some things where there seems to be an identified need, but may not have thought through all of the things in the kind of more three to five year timeframe, so looking for your input on what we have here and also some things that we might need to consider adding under the strategies.

With that as background, our goal today is to try to come up with a draft set of strategies that this smaller group has some consensus on, and then we'll bring that back to the full group for their input on it. Does that sound like a plan with everybody? Okay ... any questions?

M

Yes, and Jodi, that means we really should be focusing our attention on the sections that are the strategies...

Jodi Daniel – ONC – Director Office of Policy & Research

Correct.

M

...objectives.

Jodi Daniel – ONC – Director Office of Policy & Research

The objectives are the same that we had put forward at the policy committee meeting, what we have in the slide deck. Is that correct? That's correct, right?

Seth Pazinski – ONC – Special Assistant

Well, there are some modifications, and I can highlight those. The themes ... objectives are the same as what's presented to the policy committee and what we last discussed. There were some minor revisions to the first objective. This is on slide four. The first objective was changed. I think Deven and some others made comments on our last workgroup call about aligning the standards and certification criteria to better reflect the IFR, and so you can see that that's revised now to indicate that incremental enhancement over time.

The third bullet was changed really based on some of the comments that were made at the HIT policy committee presentation, which tried to get us away from having themes one, two, and three be, okay, here's what we're doing today, and then theme four is what we're doing in the future. What we're trying to do and what actually ONC has had a number of conversations since then internally is to pull together the strategies we're doing for exchange and the concept that we're trying to push forward. How do we take the meaningful use concept and then bring in some of the enhanced uses ideas to make sure that the decisions we're making now aren't precluding us from something that we'll want to do in the future? You can see the last part of the third objective we've added that and to support learning health system to bring in some of that theme four thinking.

Jodi Daniel – ONC – Director Office of Policy & Research

I'd also like to highlight one other thing, which came up in I think our last call that we're trying to set up. There has been some question, particularly on theme two and theme three about connection with other workers, on theme two particularly connection with the NHIN workgroup and on theme three connection with the privacy and security workgroup to make sure that we can absorb some of the thinking that those groups are starting to have on those two areas into the strategic plan. What we are planning to set up is a meeting of the co-chairs of those three workgroups to start having those conversations and make sure that there is cross-coordination and sharing of ideas and thinking from those groups with this group so that we're working in parallel. That's something that we are planning in the next couple of weeks as well, so we should hopefully have a little bit of a better sense and may make some modifications, or the chairs may choose to make some modifications based on some input we get from those other groups, but we'll bring that back to the full workgroup.

Seth Pazinski – ONC – Special Assistant

This is Seth. Just to add on that, we did touch base with the ONC folks that were working on the NHIN and tried to reflect some of what that workgroup is discussing in the strategies under theme two, so we'll see those as we get into the strategies discussion on that.

Paul Eggerman – eScription – CEO

Thank you, this is Paul. One other sort of administrative question I want to ask is is this a public call ... public questions at the end?

Jodi Daniel – ONC – Director Office of Policy & Research

This meeting today is not. The subgroups of workgroups where we're kind of having some brainstorming sessions with a smaller group of folks we are not making public. This meeting today is not a public meeting, but we plan to bring whatever's discussed here today and whatever folks agree on today to the full strategic plan workgroup meeting, and that will be a public meeting.

Paul Eggerman – eScription – CEO

Great, I was just curious. Thank you.

Jodi Daniel – ONC – Director Office of Policy & Research

You're welcome. Okay, so let's move on through the slides, and Judy, did you want to see who else has joined the call?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, who just joined in the last few minutes?

Josh

This is Josh.

Judy Sparrow – Office of the National Coordinator – Executive Director

Okay, great. Thanks, Josh.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Mark Frisse as well.

Judy Sparrow – Office of the National Coordinator – Executive Director

Great, thanks, Mark.

Jodi Daniel – ONC – Director Office of Policy & Research

We're working through the slides here. Slide number two you've seen before. This just outlines the four themes and the vision as we have stated it. There was some feedback from the policy committee about developing a vision statement that might be a little bit more kind of consumer-friendly or understandable to sort of the general population as opposed to sort of the insider population, but right now what we have here is still the vision that we had presented ... before.

Seth Pazinski – ONC – Special Assistant

This is Seth again. We are working on, the folks remember the framework document had a section on it for the vision, so we're working on some revisions to that based on the policy committee meeting and also our last workgroup call, and we'll have that available for when the full workgroup reconvenes so the folks that have theme two and three and theme one ... folks. When we all get together, we'll have that revision to discuss as well.

Jodi Daniel – ONC – Director Office of Policy & Research

We'll break apart our discussion. We have two themes to focus on today. We have three hours, correct, Judy?

Judy Sparrow – Office of the National Coordinator – Executive Director

Yes, that's correct.

Jodi Daniel – ONC – Director Office of Policy & Research

Let's try to see if we can keep to maybe about an hour and 15 minutes on this first topic and an hour and 15 minutes on the second topic, and then we have time in case one goes over, in case we need to talk about action items, next steps and things like that.

Going through theme two, the goal that we have at this point, our draft goal is to enable management and exchange of electronic health information through the development and support of appropriate policies and technical specifications. On slide five are the draft objectives. I'm not going to read through all of these, and what we have tried to come up with are draft strategies that would support these four draft objectives. Again, this is a staff effort based on a lot of activity that's going on or things that we've heard and completely open for discussion and for brainstorming, etc. Five, six, seven, eight, and nine all have draft strategies on them, trying to figure out what the best way is to do this. Seth, are these pretty much organized by the objective?

Seth Pazinski – ONC – Special Assistant

I think one of the things that we've mentioned is that I don't know that those will necessarily be a sort of one-to-one correlation between the objectives. I mean, one strategy may serve multiple, but the way the slides are laid out it sort of progresses in the same order that the objectives are. For example, the first set of strategies deals primarily with that first objective for standards, implementation specifications, and certification criteria, and then proceeds accordingly. Jodi, did we lose you?

Jodi Daniel – ONC – Director Office of Policy & Research

I'm sorry. I was having a great conversation with myself on mute. Sorry about that. I don't want to spend time just reading all of these out loud since this isn't a public meeting and everybody has the documents. Have folks had a chance to look at this, or do you need a few minutes to just look through the strategies that we have here just to get a sense of the scope of them. Then what I suggest we do is if folks need a few minutes go through those, and then we'll come back to slide five and talk about basically the first objective that has ties to the standards and certification criteria and see how folks think about what's on here and what we're missing and what we need to add. Do folks need a few minutes to look through them?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. I'm set.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, well, then let's just go right to it. Slide five we start on talking about some of the strategies related to standards and implementation specifications and certification criteria, and obviously, I think some of these are a little bit more obvious than others, and based on some activities we're currently doing or some of the strategies set out in the HITECH legislation, but why don't we just open it for discussion.

Paul Egerman – eScription – CEO

This is Paul. On the first strategy on slide five about the standards. What's written here is fine. I have sort of like a minor issue, but I was just sitting on an actually very interesting phone conference of

Metatech's advisory council ... about a dozen customers, and they actually did not ... talking entirely about the IFR, but one of the things that was said was with a great deal of passion, people were very pleased and excited with what was done in the IFR about vocabularies or nomenclature in terms of People felt that was a very In a meeting where there was mainly criticism, I was impressed by the positive view that had, and so as a result I'm just wondering, even though it might be a little redundant with the word standards, if we should sort of call out vocabulary, list some standard ..., some basic specifications, certification criteria. Maybe we should also just use the word vocabulary since that seems to be an important thing that we've done.

Jodi Daniel – ONC – Director Office of Policy & Research

Is that something, are you suggesting that as a strategy that should be sort of, maybe we can say that in order to promote interoperability there should be a focus on standards in the area of vocabularies or something to that effect, is that—

Paul Eggerman – eScription – CEO

Well, you could do that. I was actually suggesting something smaller. In other words, you've got standards, implementation specifications, ..., vocabularies.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. I like the emphasis on vocabularies. I think that's probably really the biggest barrier to interoperability is at that lowest level. We've seen in some of the debates about how to do the NHIN, there are lots of ways to move data around, but if you don't agree on the meaning of the code you're moving around, it's kind of pointless. I do think it should be called out. I would even, Jodi, go with your notion of it being its own bullet.

The kind of question that I have is is this a document that would take a position on whether or not ONC should be involved in the actual creation of these nomenclatures and standards and other things, or is it merely to adopt, identify, encourage, and so forth. In terms of a five-year vision, isn't that really what would be an interesting debate? The rest of it is kind of a given.

Seth Pazinski – ONC – Special Assistant

This is Seth. Two interesting points I think as we get into the strategies on the next slide, there is an indication of identifying and harmonizing existing standards, but to the degree that those standards don't exist, we would develop those standards is one piece of it. I think the concept of the vocabulary standards is particularly interesting and very I think at the heart of some of the NHIN discussions that I've heard from the ONC folks here in the sense that to do sort of secure routing of information you don't necessarily need the vocabulary standards, but to get to the more enhanced exchange capabilities that you would need to move in that direction.

Deven McGraw – Center for Democracy & Technology – Director

This is Deven. I think when we mention vocabulary standards, I think we have to be very careful about how we frame that in part because I for one think that the approach taken in the IFR was the right one which is to acknowledge that you need to incrementally get to a higher degree of specificity with respect to content which is where our vocabulary comes into play, but at the very beginning, we just need the data to be moving. Getting more and more specific over time and particularly in areas where the vocabulary standards are close to being widely used and accepted, for example, in labs and in e-Prescribing. A bullet that elevates vocabulary without putting it into that same context I would not support.

Paul Eggerman – eScription – CEO

The context you're suggesting, Deven, is we're identifying standard vocabularies to be used for information exchange and data analysis. Would that be responsive to what you're saying?

Deven McGraw – Center for Democracy & Technology – Director

I'm not sure it quite hits the point which is that to some extent the standardization of content is definitely a goal, but it's going to take us a lot longer to get there, and when you structure requirements so that they're strict on content before people are ready, before systems are more universally able to adopt them, you run into problems and an inability, the market tends to freeze people out when they don't accept a certain standard.

Jodi Daniel – ONC – Director Office of Policy & Research

Deven, is your point that while it might be appropriate to have a focus on vocabulary standards that the approach should be incremental and that vocabulary or content standards should be adopted as market acceptance of those increases or something to that effect?

Deven McGraw – Center for Democracy & Technology – Director

Yes, I actually think the IFR ... in a pretty clear way which is the acknowledgement that content standards are needed, but in some areas are going to have to be incrementally imposed as there's more widespread adoption and acceptance. Basically, under the theory that a top-down forcing of standards where they're not already in somewhat widespread use doesn't work very well

Paul Eggerman – eScription – CEO

Deven, this is Paul. I understand your viewpoint, although I'm still thinking about this from the standpoint of the information exchange and also later on thinking about data analysis and the secondary uses of data, and in those environments standardization around vocabularies ... is really very important, very useful, and it's almost like what we had in the IFR. There was a little breakthrough, and people were very enthusiastic that we finally said LOINC and RxNorm—

David McCallie – Cerner Corporation – Vice President of Medical Informatics

And specific subsets.

Deven McGraw – Center for Democracy & Technology – Director

But those are two areas where in fact you have widespread for the most part, not as widespread as we'd like, but an acceptance of those standards is actually already in the marketplace.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

But they're not. They're not. There's acceptance that they're the right direction, but there's a ton of work to make them usable. Speaking as a vendor, they're almost unusable today.

Deven McGraw – Center for Democracy & Technology – Director

Yes, that is absolutely a fair point, but what I'm saying is there were a lot of content standards that HITSP had harmonized that were not put into the IFR, and there's a reason for that.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is a document not about IFRs, but about a five-year vision, right?

Deven McGraw – Center for Democracy & Technology – Director

That's right. I'm just asking that the vocabulary standards be in the same context that was put forth in the IFR which was an incrementally more standardized content over time.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I agree. Incremental is all the place.

Jodi Daniel – ONC – Director Office of Policy & Research

I think we've got, the concept you're saying is about yes, ... standards, but incremental, must be based on sort of the state of the market, and it can't be pushed before they're ripe. We'll wordsmith it, but are folks comfortable with that conceptually?

Paul Eggerman – eScription – CEO

This is Paul. I guess I'm comfortable with that although I guess ... that these vocabulary standards ... contents are really for information exchange. It's not necessarily the case that EHR vendors have to use them for ... what they're doing. ... probably will, but they're not necessarily for that purpose. It's really for the purpose of the information exchange.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. I'm certainly comfortable with the incrementalism. My thinking was really more along the lines of to what degree is there a vision that ONC would actually be involved in the curation of these appropriate standards that facilitate eventual semantic interchange instead of just moving raw data around. It's a vision question. All of this stuff that's on these slides is underway today, so what would be interesting if I was to read this document is to say where are they headed? What are they going to invest in with their budgets next year and the year beyond and the year beyond? It seems like semantic interoperability as a long-range goal, I'll be long-retired before we achieve semantic interoperability, but we can begin to move in that direction. Is it an ONC vision that they'll help that to happen?

Jodi Daniel – ONC – Director Office of Policy & Research

I guess my question back to you is what is your, and not being the standards guru here, what is your sense of what would be the appropriate role of ONC or the federal government in development of standards. I suspect that HHS is not going to take over standards development, but may be able to support some standards development activities. What's your sense of what an appropriate or a suggested role for the federal government in that process might be?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, that's a good question. I think that's where the hard work of setting a vision is, is what should that role be? I can think of a number of things, commissioning existing groups to create the necessary missing links, commissioning the National Library of Medicine to further create the proper subsets so that SNOMED and ICD-10 interoperability is better, awarding research grants for improvement in semantic post coordination which is still a gigantic hole in informatics There are a variety of different things, but to me that's kind of what we ought to be talking about. I don't know. Maybe I'm just in a grouchy late-week mood, and so I apologize.

Paul Eggerman – eScription – CEO

This is Paul. First of all, I guess I'm equally as grouchy today at least, but I think I agree with what you just said. I think it was David who was just speaking—

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, this is David. I'm sorry. I didn't identify myself, David McCallie.

Paul Eggerman – eScription – CEO

Yes, the way I would view the vocabulary section is actually the same way I'd view the standards section. To answer the question about the role of government is just like the role of government with standards. If

there's more than one standard term we can use, to choose one, presumably choosing the one that is most commonly used, to identify it, to identify what is the correct version number to try to provide assistance for the industry to move forward on the standards and to do it's best to not have to develop ..., but to rather select the appropriate choice usually among a set of existing choices. Vocabularies are just like interface standards. Our industry doesn't suffer from a lack of interface standards. The industry doesn't suffer from a lack of vocabularies. We have plenty of them. Our biggest problem is just that. We have too many of them. We need people to use just one.

Cris Ross – MinuteClinic – CIO

This is Cris. All that begs the question, I think this conversation is great. Paul's comments in particular are really good, but they beg the question of why do we have multiple standards, and it has a lot to do with the place where Deven started with which is there's lots more iteration that needs to happen before we can finalize. These standards are not necessarily competing for any other reason other than they're just being engineered and tried, so the idea of the federal government doing the kind of things that David McCallie suggested to help increase the rate of iteration so we can get to standards is probably the appropriate role as opposed to intervening. Usually, organizations want standards when it becomes obvious that the standards are going to be useful, and before that point in time, there's still a lot of trial and error going on in the marketplace. I'd be reluctant to see it be that the government's role is to accelerate the selection of singular standards as opposed to helping the market iterate more quickly.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. I certainly agree with that sentiment. If I didn't express it in that direction, that's a better statement of what I said. I do think that the case study of RxNorm is interesting because that was a government action that created that, and absent that we had made after 20 years absolutely no progress whatsoever in medication interoperability. RxNorm is certainly not finished, and the vendors are pulling their hair out over trying to figure out how to map to it because it's incomplete in lots of ways, but that's a case where I don't know exactly what the history was, a combination of FDA and NLM stepping in, got some vendors to contribute starter sets and created something that would not have come into bear in the market.

Paul Eggerman – eScription – CEO

This is Paul. I have to don't 100% agree with what you've said, Cris, about the reason why we have multiple standards, but getting back to the issue of the government's role, what the government wants to achieve is interoperability. The government wants to be able to get this data to be exchanged. That's why we need standards. That's why we need vocabularies.

The government also wants to be able to create the concept of public healthcare data. They'd like to know how many people have hypertension, but you have to figure out a way to define hypertension as a diagnosis and get some consistency as to what people call hypertension, and so when we get the public health data, there are some of these issues that become very, very interesting because there's probably like 500 different ways to ... hypertension. To me, ultimately, that's the government's interest. This is an important key in terms of ... an important piece in terms of what we need to do to achieve interoperability and eventually to have statistical data that you can evaluate.

Getting back to with the discussion I accidentally started because I actually wasn't even asking for a bullet, but we managed to get to a full bullet on this. I do think there needs to be a bullet that's similar in context to what we said about standards that we're going to do this to incrementally enhance the interoperability of the systems, and the government's ... adopt a standard vocabulary.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. I'd like to pile on here a second if I can. Can you hear me okay?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I'd just like to see I'd really hate to see language that proscribes a very proactive role for government to resolve issues where the private sector doesn't develop a workable standard or where there's a plethora of existing standards that linger for years or have lingered for years in the private sector that just don't get adopted or creates a lot of chaos and confusion in the marketplace. It seems to me that we are absolutely at a place where we need to have government step in sometimes to either work with the private sector or frankly just be a "regulatory" actor and get it done. I'd like to see the balance of that which I think the previous comments have suggested, and incremental is fine, but some of these things, RxNorm was a good example. I don't know the specifics of that, but I do know ... the history that that really was a case where government drove something that was very useful.

Paul Eggerman – eScription – CEO

The IFR's ..., but in the IFR it's specifying ... something very valuable. As I said before, I don't 100% agree with what Cris said about why you get multiples of these. You look at the whole situation with laboratory coding systems, and I came to the conclusion from the public hearings that some of the large commercial labs really had a vested interest to not use coded systems because that sort of caused everybody to somehow order and use their software and to work within their systems, but that's not the direction the government wants to go. I think it's wholly appropriate that the government do this.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. Another just use base that I think has been hugely beneficial was the HHS decision to buy a license for SNOMED for the country or through NLM. That removed an immense number of barriers that was blocking progress. I think there are legitimate roles for the government to play, although in general, it should be the absolute minimum necessary.

Paul Eggerman – eScription – CEO

I'm wondering if

Jodi Daniel – ONC – Director Office of Policy & Research

Does somebody want to take us, I think what I'm hearing is that there might be different ways the government might need to be involved depending on the scenario, and I'm wondering if there's a way we could kind of summarize the concept which I think is about the government intervening in helping to kind of fill in the gaps with respect to standards development where there's both a need and where the market is not sort of stepping in.

Cris Ross – MinuteClinic – CIO

This is Cris. I think it would be fine if we end up there, and I'm sure it'll be well written. I guess before we go there I wonder if we're, I liked the original proposal to include vocabularies along with standards, specifications, and certification criteria. I think by pulling it out separately we give the impression that it has primacy or more importance than those other things, and I don't think vocabulary, as crucial as vocabularies are, I don't think they're more important than standards implementation, specifications, or certification criteria, and I think they should be parallel. I'll leave it at that.

Deven McGraw – Center for Democracy & Technology – Director

I would agree with Cris. This is Deven.

Paul Eggerman – eScription – CEO

This is Paul. I'm fine with that, too.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

David. I don't think it matters one way or the other. I do think this notion of semantic interoperability is something to keep in the back of our minds because it is something different than mere interchange. I don't know if it's worth calling out or not, but it's something to maybe when we step back and look at the whole document think about whether there's a need to include the notion that interchange of data if the data can't be interpreted is not as useful as interchange of data that can be interpreted.

Paul Eggerman – eScription – CEO

David, I think I know what you mean by semantics interoperability, but would you be willing to just spend 30 seconds and tell me what that is?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Sure, it's the ability to essentially know enough about the coded value that your system got so that you can map it correctly into your system's coded values which will drive things like decision support and other things. It's a little bit along your lines of what is the diagnosis of hypertension. If you've got a rule that's going to fire based on externally receiving information that this patient has hypertension, you better be sure that what they meant by hypertension matches what you mean by hypertension. That's the semantic interoperability.

Paul Eggerman – eScription – CEO

It sounds terrific.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

It's very hard. It is very, very hard.

Paul Eggerman – eScription – CEO

That's the kind of vision that ... almost impossible to do, but that's the direction that we should be moving towards

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, and we've done in limited spaces like the much-disliked ICD-9 codes are highly semantically interoperable because they come with these gigantic books that tell you exactly what they mean, and it drives the healthcare. We don't have that level specificity for most of the other nomenclatures of medicine, and we probably don't need it in very many of them, but for example, for drug interchange we absolutely need it. The pharmacist can't be prescribing something different than the physician.

We're in pretty good shape in the highly granular things like drug vocabularies, but when you get into SNOMED and diagnoses and problems and particularly when you get into narrative descriptive coded information about a patient, for example, their physical exam findings, it gets quite challenging. Chris Chute who's on the standards committee may be the world authority on it, and Chris always brings it up in the meeting, so I'm just doing Chris' duty here to remind people that in ten years it'd be nice if we've made some progress in that direction. It's certainly not critical on day one, and Deven, I'm with you. I don't want to defer the progress around interchange of human interpretable information simply because we want machine interpretable information. That would be a mistake.

Jodi Daniel – ONC – Director Office of Policy & Research

What would you suggest as far as a strategy?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. I'm comfortable with adding it to the first bullet point just as—

Jodi Daniel – ONC – Director Office of Policy & Research

Just adding vocabularies, does that address your question about the role of the government and kind of fill in the gaps on development?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

That question's really a broader question about the whole document, and so maybe that's a zoom-out question because I don't get much of a vision out of this document. I get an enumeration of things that are already underway.

Jodi Daniel – ONC – Director Office of Policy & Research

Right, and that's what I was saying at the beginning is that I think one of the things that we don't have in these strategies is sort of the kind of where we should be moving toward and what things we need to kind of be thinking about for the future as opposed to where are we right now, and so I think that's perfectly appropriate to include something that's a little bit more visionary or forward-leaning for our strategies as something that we should be focusing on even if it not something we're going to accomplish in the next two, three, four years. I think it would be appropriate.

Cris Ross – MinuteClinic – CIO

This is Cris. I think McCallie's on a roll today. The comments about semantic interoperability I think are appropriate, and if they could be included in this section, it feels like it's on the same level as the first bullet which is the practical work to get us moving forward, David setting the next stage of how we should be aspirational. Despite all the conversation we had about vocabularies which was great, I think McCallie's point is really important, and we ought to include it.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is what happens if you have these meetings in the middle of the day instead of first thing in the morning. I'm actually awake.

Seth Pazinski – ONC – Special Assistant

This is Seth, and I just wanted to point out that I think we'll get into this discussion, too, in some of the later strategies where we're indicating more around what our strategy is for exchange. A lot of the things that are being brought up here are the things that are being discussed and ... within the NHIN workgroup discussions, so we really are on point.

Jodi Daniel – ONC – Director Office of Policy & Research

Why don't we just right now, I'm sitting here taking notes I'm sure that Seth is as well, and we'll make sure to add vocabularies on the first bullet, and we'll make sure either somewhere here either as another bullet or as we start thinking down the line that we have some strategy related to semantic interoperability and kind of more forward-linking role of the federal government with respect to standards development or interoperability of standards.

Seth Pazinski – ONC – Special Assistant

Jodi, doesn't the concept of semantic interoperability belong like at a higher level, like as an objective?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, probably.

Jodi Daniel – ONC – Director Office of Policy & Research

But then we would need strategies underneath that.

Seth Pazinski – ONC – Special Assistant

Yes, ... vision, the strategy is the place where we want to be just a little bit more sort of nuts and bolts, this is what we're going to be doing, especially since—

Jodi Daniel – ONC – Director Office of Policy & Research

Right now our draft objective on this is establish policies and technical specifications that incrementally enhance the interoperability, functionality, utility, and security of health IT and that supports its meaningful use. We can add something in here on semantic interoperability if we think that's appropriate, but then we still need to have some strategy on what has to happen to meet that objective. I feel as though we're going to have to have something in here on that as well, the strategies.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

One possible thought might be, I don't know if it's worth it, but to call out, I liked Paul's language about speeding the iteration or something like that, but maybe a vision of facilitating research towards creation of true semantic interoperability, some notion as the government as a sponsor of research, directed, focused research which the granting process is I think going to do quite well at.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Mark Frisse here. One comment on that, you have to be pretty precise of whether you think ONC should sponsor the research or ONC should encourage the research. You've mentioned many other agencies and the like, and I'm not quite sure what you mean by that. I think that's going to be an important decision where you kind of want to give probably a lot of wiggle room.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, it's a good question. What's the vision document supposed to do? Is it to set a vision that says ONC actually should be sponsoring this, and therefore it needs a budget to allow it, or does it just waffle and—

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Well, the way I'd look at it, David, if ONC had to cut its budget by 30%, would one of the first things it thought about cutting would be research and trying to support encouraged research in other groups, or would it cut the adoption of EHRs and meaningful use? I think there are some obvious priorities here. One way to think about strategic plans and priorities is to think about if you had to face a restriction where could you do almost as much good by encouraging other groups, and I would argue again that SHARP is an interesting example of that that I think for a long time to come different groups are going to be figuring out who's going to be sponsoring the research or who's going to be channeling and encouraging it for specific aims in light of congressional intent.

Jodi Daniel – ONC – Director Office of Policy & Research

I like the language David used was facilitate research toward the creation of semantic interoperability which didn't necessarily say sponsor, and it didn't necessarily say encourage others to do it. It kind of left it a little bit vague so that we can either do it directly or support others in their efforts to do this which I think might hit what you were saying, Mark, about being a little bit vague.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

It does perfect. In fact, I think ONC does two things pretty well. One is facilitate and encourage kind of that base of the pyramid, and the second is to actually coordinate the application of that to immediate and long-term intent, ala SHARP language. You actually do both, but I think that word is just perfect.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I think Paul gets credit for it. I'm not a bureaucrat.

Jodi Daniel – ONC – Director Office of Policy & Research

We're going to turn you guys all into bureaucrats.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I think you have already.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Yes, we can't until our next conference call.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, I feel like we've beat this to death. How about if we move to certification?

Paul Eggerman – eScription – CEO

Are we still on slide five?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, although if you see other things that are related in other slides, I think there's, I guess the certification stuff is in slide five, so why don't we just go there.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Can we talk about this second bullet?

Paul Eggerman – eScription – CEO

Are we going through the slides bullet by bullet or—

Jodi Daniel – ONC – Director Office of Policy & Research

Not necessarily, if you have other comments, it's a small enough group. We can play around here.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. Can you hear me still?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I missed the first 10 or 15 minutes, and so if this question prompts you to have to repeat anything, just say I'll tell you about it later, but we're still dealing with bullet points on slides at this point. I'm wondering if future iterations, when might those iterations come where we're dealing with narrative or if we'll ever see that. Forgive that question. It may come out of left field, but I just wonder when we're moving to a stage where there'll be narrative develops which actually may allow for accommodation of more vision kind of language.

Seth Pazinski – ONC – Special Assistant

This is Seth, and we've mentioned in the beginning, but it's a good point to take. I think what we were trying to do really in using the slides was to give everyone a chance to kind of dig in a little deeper on things and see if that impacts the way that we, do we then want to kind of revisit the visions that have helped us shape some of the earlier conversations we've had. What we're going to do is have a similar type level of conversation with the team ... folks, and then bring back when we have a full workgroup call on February 9, have the next iteration of that larger document that included the vision section.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

Great, thank you very much for that clarification. Sorry for the interruption.

Cris Ross – MinuteClinic – CIO

This is Cris. I've got a comment I guess about the second bullet point about increase the capabilities of.

Jodi Daniel – ONC – Director Office of Policy & Research

Go ahead.

Cris Ross – MinuteClinic – CIO

I've got sort of one specific comment which is, well, let me start with the general. One of the things that I did looking through this was all of these begin with a verb, so an action statement, and I counted 29 different verbs that are used throughout the objectives and strategies, and I know English language is pretty nuanced, but I don't know if there's really 29 separate things that we really want to do. I would suggest that at some point we think about some sort of consistency of verb action so that government is acting in sort of a consistent fashion.

In particular this example, the verb increase, I'm not sure of the appropriate verb because I'm not sure what action the government can take or if it's obvious what action the government could take to increase the capabilities of certified EHR technology. I think we need something different for that, and I think it is more specifics like establishing standards and incentives to increase the capabilities of certified EHR technology.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, it's the vendors who are going to increase the capabilities unless the government starts to write EHR, like another one.

Jodi Daniel – ONC – Director Office of Policy & Research

Say that again, I'm sorry. Increase the standards, can you repeat what you said?

Cris Ross – MinuteClinic – CIO

David, help me out. I think this one is where it would be, create standards and incentives that increase the capabilities of—

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Or that lead to increased capabilities or something like that.

Deven McGraw – Center for Democracy & Technology – Director

For design to increase capability, I agree with the direction of the conversation. The government can't do it, but there are incentives that can be provided to the vendors who respond to it.

Cris Ross – MinuteClinic – CIO

I think there are a bunch of places where sort of the vocabulary throughout the document in its current draft form is a little bit loosey-goosey with respect to verb form, and I think we know what we're trying to accomplish, but I find it confusing sometimes. What exactly is it that the government's supposed to do?

Jodi Daniel – ONC – Director Office of Policy & Research

Right, let me make a suggestion if folks buy into this because I'm being sensitive to the time and wanting to make sure we have time to walk through all of the different concepts at a conceptual level. If you have comments about kind of wordsmithing, and I understand that wordsmithing often changes the meaning and changes the focus. It is very important. Why don't you send those in or send them to the group. Make sure that Seth is on that, and we can try to turn around a revised listing of strategies that incorporates those so that we can kind of keep it to a slightly higher level and make sure we get through this. Is that acceptable?

Cris Ross – MinuteClinic – CIO

That's a good idea.

Jodi Daniel – ONC – Director Office of Policy & Research

What about anything on certification program?

Deven McGraw – Center for Democracy & Technology – Director

I wanted to know what we meant by the last bullet on page five, if that's an implement certification of other types of HIT beyond EHR?

Jodi Daniel – ONC – Director Office of Policy & Research

This is a question that came to us. We've obviously been focused on EHR, so I'm glad you brought this up, Deven. We've been focused on EHR certification because we're looking at meaningful use and it's about EHRs. There have been some questions about whether certification can be an appropriate vehicle for PHR or for other types of health IT technology or exchanges or that sort of thing. While I don't think we're in any place at this point to determine if that's appropriate or not. That's why we had put assess and implement as appropriate, but very interested in folks thoughts on that.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

It's really assess the need for and implement if necessary.

Deven McGraw – Center for Democracy & Technology – Director

Yes, I like that much better. I think otherwise people are going to jump to the conclusion that we're making decisions here. I'd rather have the emphasis on assess because the role of certification is very clear in the context of EHR because we have to make sure that what people are using federal tax dollars to buy is something that's going to do what we want it to do. It's not as clear where that line is with respect to PHR, although you certainly could see some value to consumers in having those things reviewed for functionality.

Cris Ross – MinuteClinic – CIO

This came up at the standards committee meeting. I know some people will remember that, too. It's this issue as we've talked about modular technology there may be some things that you might think in a classic sense might be encompassed in one system which in a modular environment which is allowed under the IFR might exist in your practice management system. I think we may run at some point in the future, we don't have to deal with it right now, where the phrase EHR may cause us problems because I think EHR can imply all of the technology used to meet meaningful use within a clinical setting, or it also

might mean just that piece that manages clinical information separate from administrative financial records. I have no comment other than I think ONC's going to have to be attentive to definitions of EHR.

Paul Eggerman – eScription – CEO

This is Paul. I think what you just said was very important because it's certainly not captured by this bullet, but the concept of the module of EHR is something that is very important in the IFR and is something that is also being received very positively, but there's nothing about that in these strategies, and it feels like there's a missing strategy here where you really need to say something like encourage innovation through, among other mechanisms, development of modular approaches to an EHR.

Cris Ross – MinuteClinic – CIO

I think the language is implied, the idea of a monolithic application set, and that's obviously not going to be the only solution or maybe not even the most common solution. I think the vocabulary is going to need to evolve.

Seth Pazinski – ONC – Special Assistant

This is Seth. Some of the discussions around this have been on the consumer side of things and the patient engagement requirement, the meaningful use and how they evolve over time, so is there a role for sort of patient-basing HIT applications as meaningful use abounds in 2013 and 2015 and whether it would make sense for ONC to be certifying those types of additions to EHRs.

Jodi Daniel – ONC – Director Office of Policy & Research

I think what I'm hearing is two things. One on this last bullet to make it a little more heavily focused on the assessment of a need and then second, and I think this might be kind of seen here is making sure, we use the term certified EHR technology because the way that's been defined has been kind of broad. It includes the eligibility stuff. It includes the patient access stuff as it relates to EHR data, so we tried to use that because it was sort of a broader term than just EHR, but maybe we could try to be a little bit more sensitive to that concept of not sort of locking this in to the way that term might be understood today versus in the future.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. This has a broader context, too, of actually what ONC's scope of work will be in the future. Three, four, five years out is ONC going to have as part of its work beyond meaningful use and beyond EHRs and beyond certification, monitoring, and enhancing and perhaps promoting the adoption of tools that we haven't even imagined? Actually, we could probably imagine them now, but there are going to be apps for smartphones and iPads and all that sort of stuff. I don't know where, I just think this is a comment because I think we all have that in mind, but does it have a place in this five-year strategic document? I don't know if it does or not. Is that understood? Was I clear there?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, I think it's a good question.

Cris Ross – MinuteClinic – CIO

It would fit under that last bullet.

Jodi Daniel – ONC – Director Office of Policy & Research

I think that was what our thinking was to sort of have something that suggests that we're not going to just, and maybe ... certification, maybe even standards, but sort of looking at standards and certification criteria beyond the way we're defining EHR to kind of accommodate new types of health IT tools that may develop. Maybe we can even broaden that beyond just testing and certification and just kind of, again,

focusing on assessment, but suggesting that we should be keeping our eyes beyond just the certified EHR technology in the HITECH legislation.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

What if you just drop the EHR piece entirely and read something like assess the need for and implement as necessary testing and certification of all types of HIT necessary to achieve these goals.

Jodi Daniel – ONC – Director Office of Policy & Research

Or even broader, it could be assess what ONC's role should be with respect to encouraging or facilitating the use of other types of HIT to improve health. I think that's in theme four, that broad. This is really focused on the policy and technical infrastructure. What we were trying to do here was make sure that we're thinking about the policy and technical infrastructure here, technical infrastructure for things beyond EHRs, but correct me if I'm wrong, Seth, I think that four has sort of that kind of monitoring what's going on with respect to other types of health IT more broadly.

Seth Pazinski – ONC – Special Assistant

Well, I think it could certainly fit here, particularly in the sense that if we're tying in standards and certification we're certainly bringing in the policy and technical components.

Deven McGraw – Center for Democracy & Technology – Director

I was just trying to get to Jodi this concept that it's not just about testing and certification, but looking at sort of policies and infrastructure, policies regarding infrastructure that ONC might think about to encourage other types of HIT. That's all, so it just takes us out of, it sort of, the things that we think about traditionally for EHRs and broadens the scope a little bit.

Jodi Daniel – ONC – Director Office of Policy & Research

Seth, do you think you've got that.

Seth Pazinski – ONC – Special Assistant

Well, the last let me just read it back and see if I captured this correctly. Assess the need for and implement as needed testing and certification of other types of HIT.

Deven McGraw – Center for Democracy & Technology – Director

What happened to broadening it beyond testing and certification? You got the first part of it right, but I think we're talking about looking at what ONC's role is with respect to policy and technical infrastructure for those other types of HIT, so it's not just limited to testing and certification. Does that make sense?

Cris Ross – MinuteClinic – CIO

I would actually broaden it beyond ONC. Assess ONC and government's role in—

Deven McGraw – Center for Democracy & Technology – Director

Yes, but this is ONC's strategic plan.

Cris Ross – MinuteClinic – CIO

True, but ONC will take the lead in some of that.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, we don't have to put ONC in here if we're working with our federal partners, so I think that—

Cris Ross – MinuteClinic – CIO

Yes, you could say assess the government.

Deven McGraw – Center for Democracy & Technology – Director

Yes, good point.

Jodi Daniel – ONC – Director Office of Policy & Research

Seth, did you catch that?

Seth Pazinski – ONC – Special Assistant

Yes, let me try to take another stab at this. Assess the government's role in determining the immediate policies and technical infrastructure beyond EHRs. If someone else thinks they have it better

Deven McGraw – Center for Democracy & Technology – Director

Does somebody want to try to take a crack at this and send it back in?

Cris Ross – MinuteClinic – CIO

Yes, easier to do than try to write it in our heads.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, who wants to try to revise this one? Deven, ...?

Deven McGraw – Center for Democracy & Technology – Director

Yes, Jodi, I'm happy to except I haven't been taking real good notes, though. The piece that you got absolutely right that David mentioned earlier about assess the need for an implement if appropriate, and then we can—

Jodi Daniel – ONC – Director Office of Policy & Research

Seth, why don't you send to Deven what you captured, and then, Deven, you can make sure that it has those broader pieces added to it if that's fair and send it back.

Deven McGraw – Center for Democracy & Technology – Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

Great. Okay, I'd like to move on. I'm now on slide six. I just wanted to focus on, we wanted to capture patient safety concerns, and this is going to the second objective trying to make sure that we're not going to have adoption of health IT if we haven't made sure that we're addressing any patient safety concerns that are raised. This is something that's been coming up, and actually David Blumenthal has been talking to Paul Tang about trying to have a hearing focusing on patient safety, so this is an area where we have not taken a lot of action, but it seems to be important.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. I was very pleased to see this come in. We've done work in this area, and I applaud and endorse us having patient safety as part of ONC's strategic plan, absolutely. It's a good idea. The language here seems fine to me.

Jodi Daniel – ONC – Director Office of Policy & Research

Anything on six the folks want to raise?

Paul Egerman – eScription – CEO

I didn't understand the last bullet, this maintain a standards repository. What is that?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, that last bullet seemed kind of redundant and/or vague.

Seth Pazinski – ONC – Special Assistant

This is Seth. I think what we were trying to indicate there is that the process sort of builds on itself. As we sort of go through the process of identifying and harmonizing standards that moving into the future sort of building on a core set that's developing all the time, so I can certainly take a shot at fixing that language.

Paul Eggerman – eScription – CEO

Yes, because first of all I don't know what it means, a standards repository. I didn't understand it.

M

It's a big vault out in Kansas. It's a big building, and they put all the standards in there, and then they lock the door.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, and it's obvious that they've lost the key, isn't it? Maybe it should—

M

I didn't know what it was, but I was convinced it was in Kansas.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Maybe the spirit of this is just—

Jodi Daniel – ONC – Director Office of Policy & Research

Maybe ... nuclear waste.

Deven McGraw – Center for Democracy & Technology – Director

I think we have a Kansan on the call, so we've got to be nice.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes.

M

I said it.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I'm taking notes here.

M

The secretary is from Kansas.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

That's right. I wonder if the spirit of that would be something more along the lines of a directory of appropriate standards and tools, just something as simple as where to find these things, a Web page.

Paul Eggerman – eScription – CEO

This is Paul again, but I don't know that that's all that necessarily important to do if rises to the level of a strategy in this document.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Right, I don't know that it's strategic.

Jodi Daniel – ONC – Director Office of Policy & Research

We've got issues with this, and I'm wondering if some of the conversations that we had about the government's role in standards development and facilitating kind of next stages of standards, development, semantic interoperability might capture some of what we might have been trying to get at here.

Paul Egerman – eScription – CEO

I also just wanted to say I had trouble with the last part of it. It's sort of like I tripped over standards repository. When I read that it was like hitting a big pothole in the road or something, but then I read the whole thing and I kind of wonder if it's just sort of redundant. Aren't we saying the same thing that we did in the very first bullet?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

That was my reaction when I first read it is haven't I read this before?

Jodi Daniel – ONC – Director Office of Policy & Research

Okay.

Paul Egerman – eScription – CEO

Maybe we could have conservation of bullets and we could remove one.

Jodi Daniel – ONC – Director Office of Policy & Research

I like that.

Deven McGraw – Center for Democracy & Technology – Director

This is Deven again. I think it's also a place where we want to be clear about what the government's role is versus what sort of other groups will do in terms developing or harmonizing standards.

Seth Pazinski – ONC – Special Assistant

This is Seth. Do folks feel that, the one concept here that I'm not sure was indicated in the earlier bullets was the developing of new standards, but I guess if we make some changes to indicate that we're moving towards semantic interoperability, that covers that.

Paul Egerman – eScription – CEO

Seth, you're right. The development is the one thing that's new, and it is important. It was one of the things that was in the certification workgroup's recommendation, which was to not just harmonize standards, but when necessary, I think the actual phrase we used was when necessary commission the creation of new standards if the standard can't be found. That I think is a very reasonable concept that we want to make sure is still there whether or not you put it in some separate bullet or something separate.

Jodi Daniel – ONC – Director Office of Policy & Research

We'll make sure we—

Paul Eggerman – eScription – CEO

You're right, Seth. That is a separate concept.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, so we'll make sure we include the development or commissioning, we'll have to probably play with the language on that, but then get rid of the rest of what's in here. I'm hearing some consensus all around with those lines.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, I'm comfortable with that. The language might be something along the lines of ensure that appropriate standards exist which doesn't commit you to how you got that to happen.

Jodi Daniel – ONC – Director Office of Policy & Research

All right, let's move on to slide seven. This is now getting into some of the NHIN stuff, and we tried to capture a lot of what's being discussed at the NHIN workgroup as far as the way they've reported to us with the policy committee of what they're thinking and the importance of different actions that need to occur to meet sort of the vision that they were proposing, so that's sort of what's captured here.

Cris Ross – MinuteClinic – CIO

This is Cris. I guess bullet number three I've got the same problem that I had with bullet two back on page five which is the role of the private sector versus government, and I'm not sure what everything that the NHIN workgroup is talking about, but it seems to me as though enables secure routing could imply that the government was the routing agent that was going to handle all of the sub-bullets below.

Jodi Daniel – ONC – Director Office of Policy & Research

Wondering if we add something about directly or through private sector something that made it clear that it's not necessarily a government patrolled activity.

Cris Ross – MinuteClinic – CIO

Yes, I think that's important.

Paul Eggerman – eScription – CEO

...

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Yes, Mark Frisse here again. That's consistent with what they're talking about now, and I think we all agree it's fundamental. It's been fairly agnostic, so enable, facilitate, but again, I think the subpoint to directories and stuff, that's kind of a short-term agenda that's more of a how to do it rather than the larger strategic intent, and I wonder if you really want to have the discussion at that level since that's the task now and not just stay up a level or about just enable secure routing, and then you could talk about accurate. You could talk about audible. In other words there are a bunch of things ONC has to do to make sure that A and B facilitate information ... for healthcare, but the exactly how they do it in terms of directory certificates and all that will change over time

Jodi Daniel – ONC – Director Office of Policy & Research

Are you proposing enable secure and accurate routing of exchange of electronic health information without the sub-bullets?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

That's correct, something like that, yes.

Paul Eggerman – eScription – CEO

This is Paul. I agree with that. I agree with

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David, going maybe into grumpy mode. We're talking about the NHIN as if we know what it is. Do we know what it is?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

I was at a presentation on Wednesday with Doug and spacing out his name, anyway, another guy from ONC, but there's an evolving very nice encapsulated definition that, Jodi, frankly, we would all benefit from seeing those set of slides that Doug showed on Wednesday on the NHIN. Todd and Doug Fridsma presented a really nice vision.

Jodi Daniel – ONC – Director Office of Policy & Research

It's not a thing anymore, David.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

No, it's not a thing.

Jodi Daniel – ONC – Director Office of Policy & Research

It's a set of policies and specification tools and services ... have to figure out something to refer to it other than saying it's the NHIN because it's no longer a thing, but a collection of policies and specifications that will lead us to information exchange and that we hope we have ... for everybody to abide by.

Paul Eggerman – eScription – CEO

The favored overused word is a framework.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I think you should at minimum drop the work network out of there because that is quite misleading. It implies something very concrete, and I appreciate that movement in that direction of loosening the definition, but even with that said the policy goals here really should focus on whatever that evolves into, and however many instantiations that it has, we really are talking about appropriate security, etc. of those things. I don't know. It's just somehow it seems like this is too concrete for the way the direction that that sentiment is moving.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Yes, David, at first I guess there is a slide deck that's in the works from Mary Jo's office that's apparently quite elegant and nice summarizing this. I don't know if it's been totally released yet or not, but it is consistent with what you've talked about for a long time and what Jodi said. Second, again, it's a confusion between strategies and short-term and long-term objectives. The strategy is really to get the information from here to there and achieve meaningful outcomes in patient care. The objective at the present is something that's called the NHIN which is found in three which is very different than in two and more like a verb. I think again one has to be careful to as much as possible speak in a strategic document about broad intent and be very careful about when you use an instance of the thing or an objective or a task up in the strategy level of a document. That would be kind of like saying accelerate use of DOS which would have made perfect sense for a couple years in our lifetime that we remember, but it wasn't the point. You know what I mean?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, right.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

I think NHIN is a means to an end and a very important objective or set of operations, but it's not the strategy.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

In a sense NHIN becomes the shorthand way to refer to those sets of mechanisms by which health information exchange occurs, and as such we should specify what the role of ONC is with respect to those various mechanisms by which information exchange occurs, i.e. meets appropriate levels of identity proofing, authorization, security confidentiality, etc., stuff which we've already said in a number of other places. Maybe this slide needs to be revisited after we see this new definition of NHIN 3. Maybe that's the easy out for the afternoon.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, I think that's not a bad idea. I'm not sure which presentation was being referred to earlier that I think Steve mentioned, but maybe we can grab that to get—

Deven McGraw – Center for Democracy & Technology – Director

Yes, it was ... yesterday. Doug and Todd were up and gave us, it was very similar to what got presented to the policy committee, but it was a little more refined thinking.

Jodi Daniel – ONC – Director Office of Policy & Research

Maybe we can share that, and then, like I said, we're going to try to get the co-chairs of this group, the privacy and security group, and the NHIN group together, and maybe we can try to refine this a little bit.

M

There was a larger point made there. I think, David, you made it that was a very good one about dropping the word network if it's going to continue to mislead people who don't specialize in this area and follow this stuff. That's a possible good suggestion, although it would be tough to lose that acronym, NHIN, but ... worth it.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

But it doesn't have to be at the top level of strategy, anyway. That's the important thing in my view. This strategy is what NHIN is a way of doing, not NHIN itself.

Paul Egerman – eScription – CEO

This is Paul Egerman. I actually think slide seven is fine. I don't like the sub-bullets, but I think it does belong as a strategy. I think it's fine. I would not include the sub-bullets just because I think it's a little bit too limiting to ... opens the discussion ..., but

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. Go ahead, I'm sorry.

Paul Egerman – eScription – CEO

I really don't care what it's called, whether it's called a network or whatever, but I think it's an important component of what we've got to have done.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, and my only objection was not to the bullet points. The high-level bullet points are all good. It's just I don't know what it is they refer to, and I know that it's highly influx, and so it seems strange to be setting five-year visions for something that hasn't been defined yet, and yet we're referring to it as a noun. It just seemed out of sequence.

Cris Ross – MinuteClinic – CIO

This is Cris. That's exactly the problem. It's backward-looking. If we didn't have a NHIN previously, we would know that we needed to have a network on which we could move data that would have certain attributes, and you would write a forward-looking statement that would say that the strategy ought to be to make sure that there's an existence of a network that is either public or private that meets the objectives of meaningful use and is malleable, secure, private, and would have other kinds of attributes and that ONC should collaborate with other agencies and the federal government to assure that there are standards in existence and that it takes an appropriate role, vis-à-vis the private sector, to make sure that that network existed. It's the same sort of thing when DARPA turned over the internet in a couple of stages to the private sector. That's the role that they took, and you would think that the same thing would happen here.

Jodi Daniel – ONC – Director Office of Policy & Research

Look at the first bullet. It says develop and provide a core set of needed publicly accessible. It doesn't say public, does it, and maybe develop is a problem because it sounds like HHS is developing it, but maybe we need a new verb, but the core set of publicly accessible specifications, tools, and services sounds to me to be at the high level. Maybe it's for nationwide health information exchange, and we don't have to explicitly say the NHIN.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

That works for me.

Paul Eggerman – eScription – CEO

That's where I am.

Cris Ross – MinuteClinic – CIO

If you killed the two bullets in the middle and just went with the first bullet and the last one it gets the idea of we're going to have this thing, and we're going to continue to enable more enhanced exchange over it.

Jodi Daniel – ONC – Director Office of Policy & Research

The one thing I'll say is the second bullet we're actually required by law to establish a governance mechanism.

Deven McGraw – Center for Democracy & Technology – Director

Yes. I hate the term, but I get it, Jodi. One way you could subsume it into bullet one is just to talk about the core set of policies, specifications, tools, and services for nationwide health information exchange and put in the notion of accountability as part of that because I think ultimately that's at the core of what we mean when we say governance.

Jodi Daniel – ONC – Director Office of Policy & Research

Sure, fantastic.

Cris Ross – MinuteClinic – CIO

The establishing by law which I remember quite vividly, that still doesn't necessarily make it a strategy as well as a tab underneath the strategies. Your argument still holds.

Deven McGraw – Center for Democracy & Technology – Director

Right.

Jodi Daniel – ONC – Director Office of Policy & Research

What if we say it's to facilitate the development of a core set of publicly accessible policies, specifications, tools, and services with accountability for nationwide health information exchange or something to that effect.

Deven McGraw – Center for Democracy & Technology – Director

Yes, we can work on the wordsmithing, but I think that'll get you there.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, I'm okay with that. I appreciate the thought about it.

Seth Pazinski – ONC – Special Assistant

This is Seth. One of the concepts I was trying to convey was the third and the fourth bullet gets back to the vocabulary discussion we were having before in the sense that from an exchange perspective we want to kind of focus on getting data moving, but that more robust exchange ... in the future. Do people think that that needs to be captured here, or will that be captured in some of the changes we talked about earlier?

Cris Ross – MinuteClinic – CIO

I think the network and the standards are completely separate from each other, orthogonal to each other. I think mixing the two together is going to cause problems. This is Cris. I would leave it separate.

Deven McGraw – Center for Democracy & Technology – Director

Bullet three and bullet four to me don't look like they're trying to accomplish the same thing, Seth. Bullet four looks a little bit more strategic, and bullet three looks more sort of specific tactics that we're going to have to explore to do this.

Paul Eggerman – eScription – CEO

Yes, although if take out the sub-bullets and read it, it looks a little bit more strategic.

Deven McGraw – Center for Democracy & Technology – Director

Right.

Paul Eggerman – eScription – CEO

It's the sub-bullets that are a little out of place.

Jodi Daniel – ONC – Director Office of Policy & Research

Looking at the time I'm going to suggest we move on, so let's go to slide eight. We're trying to get into some of the policy, more policy-oriented issues here, so facilitating the necessary exchange that aligns with it. This is kind of, again, the full bullet is fairly broad, and we were giving some examples of what we were thinking about from a policy perspective to meet that broader bullet, looking at how we can leverage different federal and state policies in different areas as they relate to health information exchange and then trying to capture a strategy related to consumer eHealth tools so that it's not so EHR centric. Any thoughts on this one?

Paul Eggerman – eScription – CEO

This is Paul. I appreciate that explanation because when I first read this I thought the first bullet, I thought it was redundant with the other bullets, but now I understand what you're trying to do. It's the reason why we called out CLEA and the DEA stuff. I think it just needs a little wordsmithing.

Jodi Daniel – ONC – Director Office of Policy & Research

Maybe it's facilitate policy, development, maybe we should say something more focused on—

Deven McGraw – Center for Democracy & Technology – Director

Working with federal partners.

Paul Eggerman – eScription – CEO

It's just like coordinate with other existing policies, like CLEA and DEA regulations. It's really coordinator interacting with them, but I'll let you wordsmith it. It's just an observation. As I read that thing without your explanation, I thought it was just saying the same thing that everything else is saying. ... we're going to do a better in meaningful use. The federal and state stuff makes sense. Consumer eHealth tools, that's really critically important. I like that a lot. It's just not quite the same as the other two bullets, but that doesn't have to be. ... different animal

Jodi Daniel – ONC – Director Office of Policy & Research

Others? Great, okay, so we'll work on that first bullet to sort of articulate a little better what I said and what I heard I think I heard from you, Paul. Seth, are we losing anything else that's in there?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Are we doing the whole slide?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I'm wondering if the final bullet point, encourage consumer eHealth tools, encourage tools doesn't sound like a proper construction. Is it encourage policies that make these tools valuable? Is it encourage the development of these tools? Is it encourage the use of these tools? You've got to encourage something other than a tool.

Paul Eggerman – eScription – CEO

That's a good point. You're also inadvertently when you use the word tools I think you're inadvertently minimizing what It needs a little bit of wordsmithing.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, it could be capabilities. The broad thing is consumer engagement, so the strategic thing is get consumers involved more in managing their health or something like that. That's the goal. The strategy here is encourage the development and, the kind of things that the government can control is not so much the development of these tools, but policies and they're really probably more than anything policies around their use. In other words to come back to my favorite ripping board, the NHIN, you could define an NHIN that completely excluded consumers, or you could define an NHIN that was completely centric around consumers. It's really encouraging consumer engagement through policies that encourage connectivity to EHRs and other HIT or something. I don't know.

Paul Eggerman – eScription – CEO

What you really want is to provide policies that enable consumer access to health information for a variety of purposes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I'd like it to be deeper than mere access if by access you just mean read. It's really engagement at some level. They may actually be doing things with it.

Cris Ross – MinuteClinic – CIO

This is Cris. How about if it would simply say encourage consumer eHealth use through that can connect to or something like that because I think the use is the thing we're trying to get to.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, that's certainly moving in the right direction.

Seth Pazinski – ONC – Special Assistant

One of the things ... that we've talked about is that it's not just a matter of access because there's the concept of being able to input patient data and also the concept of output, being able to receive actual information.

Cris Ross – MinuteClinic – CIO

Yes, and I think I've been the limited government guy here in part of the conversation, but I think this is a place where the government really can do something by encouraging consumers to actually use data. I think it's something the government can aspire to and make good progress on, so why shouldn't we have them take a relatively activist role in terms of encouraging people to use these dang tools to improve health.

Deven McGraw – Center for Democracy & Technology – Director

Most importantly, you can't force people to use things. You can certainly provide incentives, and you can make it easier for them access and use their data in a very proactive way.

Cris Ross – MinuteClinic – CIO

Yes, and if I was a vendor, the thing I would most want the federal government to do would be to be on the bully pulpit explaining to people why it is that these things are important to you and why they're safe and why they're secure and so on and so forth.

Jodi Daniel – ONC – Director Office of Policy & Research

We'll rework that last bullet I think to reflect this. Does somebody want to take a crack at it, or do you want us to try to take a crack at it?

Cris Ross – MinuteClinic – CIO

I like encourage consumer eHealth use, maybe the mending there, but if you were to wordsmith it beyond that, it would be fine.

Seth Pazinski – ONC – Special Assistant

Yes, I like that, simple.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, great. All right, let's get to our last slide on this, and then we can move on to privacy, the easy topic. Last slide, slide nine on draft strategies, just a little bit more policy-focused than technical focused,

and there's a little bit of a hodgepodge of stuff in here. One of the big policy areas of concern that we've heard as far as encouraging use of health information exchange is kind of the liability concerns and risks. We were trying to capture the Telehealth and mobile health technologies, again, being a little bit more forward-thinking, but from the patient-provider perspective, not just from the consumer eHealth perspective, and then again, looking at technology infrastructure, trying to work with other agencies on broadband access. Any thoughts on this slide?

Deven McGraw – Center for Democracy & Technology – Director

This is Deven. I don't know whether we were deliberately trying to be vague about what we would do if we found genuine liability risks, but it does just say we're just going to assess them or address misconceptions. This is a real tough one I admit, but it's certainly something, it's like a murmur going on underneath some of this stuff. You sort of either want to squash it or do something about it.

Cris Ross – MinuteClinic – CIO

You could just add the words assess liability concerns and then parentheses say, and ignore them.

Jodi Daniel – ONC – Director Office of Policy & Research

This ... changed in editing, and it might have been my fault, but the goal was to assess what the concerns are and then both address misconceptions and identify any ways to reduce the liability risk.

Cris Ross – MinuteClinic – CIO

There you go.

Deven McGraw – Center for Democracy & Technology – Director

That's better.

Paul Eggerman – eScription – CEO

This is Paul. On the third bullet, promote expanded use of Telehealth and mobile health technology. It's actually in an unintended way a little bit too limited. I think what you really wanted to say is something like expanded use of innovative technologies like Telehealth and mobile health. I don't think you'd want to ... just those two. I think it's really something that's innovative.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, and we probably should add a new bullet point for the iPad, don't you think?

Paul Eggerman – eScription – CEO

Well, the iPad is for Well, I think all you really need to do is just add use of innovative technologies, for example, or something.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I'm totally in agreement with you, Paul. I was kidding. I was teasing you. I think it should be innovative use of emerging and new technologies.

Cris Ross – MinuteClinic – CIO

I agree, and I would add the words, and other weird stuff that we can't even imagine now.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Like I said.

Jodi Daniel – ONC – Director Office of Policy & Research

We'll make sure we got that, and other weird stuff, and we'll put your name next to that. Before we turn off of this topic, is there anything that folks have thought of, and you're welcome to give us feedback after this call where there's something that's missing with respect to policy and technical infrastructure that we should capture? I would suggest at this point if we just identify what those are and then if you do identify them and people agree that you might then be on the hook for trying to draft up a strategy. Are there things that are missing? I'm sure there are things that are missing. Are there things that you can come up with at this point that I am missing?

Deven McGraw – Center for Democracy & Technology – Director

I don't know that anything's missing. This is Deven, but I think it could stand some grouping of like themes together which is not without its challenges, but I think will make the documents flow.

Jodi Daniel – ONC – Director Office of Policy & Research

Fair enough. Okay, great, well, I'm going to call a closure on conversation on theme two and move us onto theme three then. Theme three, privacy and security, we easily breezed through this last time because our objectives, I think, were fairly high level, and I know there were folks with some more thoughts on the strategies themselves. With this reminder, the goal, slide ten, was build public trust and participation in health IT and electronic health information exchange by incorporating privacy and security solutions in every phase of its development, adoption, and use. Then our objectives were focused on identifying and prioritizing privacy and security needs, developing, promoting, and enforcing the existing laws and appropriate policies related to health IT and information exchange, and then increasing understanding of policies and practices to protect information. Those were our three broad objectives. We tried to group these so that they sort of followed the objective, so hopefully, we were close on that, so why don't we start on slide 12.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Jodi, this is David. I have a question. I don't even know if I can even phrase it quite right, but it's a little bit similar to my NHIN question. We're doing a good job here on specifying that privacy and security should be part of everything we do, and we're going to say that in a whole bunch of different ways, but is there any place where we actually say what privacy is or who's responsible for defining what privacy is? We do a good job of saying what security is, and I think that's pretty easy and well handled, but what about privacy? What is it? To what degree do we specify privacy, or do we just ignore that and talk about it a lot?

Jodi Daniel – ONC – Director Office of Policy & Research

Do others have thoughts on—

Deven McGraw – Center for Democracy & Technology – Director

Yes, it's so interesting because these definitional issues, David, believe it or not are often ... of solutions in some very strange ways. For example, if you were to look at the definition of privacy that NCVHS adopted, it's patient control of their health information, but they also see that as going hand in hand with confidentiality which talks more about the obligations on data holders with respect to the management and use of data that's sort of more in line with what a lot of people conceive of as privacy as sort of more of a stewardship model.

One thing we could do is do what a lot of people, not me, but a lot of people have been asking ... define what our conception is of privacy, and in that regard I actually think that the nationwide framework that ONC put out towards the end of the year, not this past year, but the year before, December 2008, hits at it better and doesn't provide for the more of it's your responsibility to protect data and not use it for

purposes for which you're not authorized or that are not consistent with your sort of core business models. I've ... paraphrased it. ...

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, I think I'm going to paraphrase, too, because I don't actually have it memorized, but it was basically the individuals rights, I don't remember if we actually termed the word rights, but with respect to use and disclosures of their information or with respect to their information as well as the data holder's responsibilities to protect that information. We kind of took it from both angles, sort of the kind of consumer, both the role and the rights the consumer has on the data and then the responsibilities of those that are holding the data to treat it in a way that is consistent with fair information practices. Again, I don't have the exact language, but that was how we defined it. It wasn't sort of a lockdown, and it wasn't consumer control. It was sort of trying to see both sides of what we've heard of with respect to privacy and protections of information.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

How do we work that into this ONC vision? More particularly, what's the role of ONC around the definition of what privacy is because it seems somewhat hollow to keep talking about it. We had somebody insist in one of the meetings the other day that the word privacy be in every sentence that we write, but what does that mean, and whose job is it? Maybe it's completely not ONC's responsibility to define that. It's a matter of statutory HIPAA-like language I suppose, but that's just what seems to be missing to me.

I like the work that NCVHS has done, and I think they address a lot of the subtleties. Do we make reference to that here? Do we encourage more refinement of that? My bet is that in five years we have a very different sense as a culture of what medical privacy means. It depends a lot on whether healthcare reform passes or not, whether underwriting is done away with or is in fact made worse. By my definition worse means stronger, more prevalent. Privacy in a world where there's no recision is very different than privacy in a world where the slightest discrepancy in your health record dug up from an archive on an HIE from five years ago can get your insurance dropped.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve, and Deven, I ask you to opine on this too, but I would really endorse that this strategic plan be a very clear statement of the broad parameters of privacy policy as it relates to all this technology. It requires stepping back and doing a lot more than has been articulated in the previous two or three years of ONC's statements about this, even though some of those have been terrific. It just needs much more of a broad-scoped approach that encompasses the federal governments roles here and obstacles in the course of what David's talking about.

Deven McGraw – Center for Democracy & Technology – Director

Yes, this is a tough one because the argument how privacy is defined so far beyond the medical context, and there isn't sort of a single widely-accepted definition among legal scholars, among policy-makers, and that gets underscored in the healthcare context where almost to define it is then to make some policy choices about how it's then implemented and operationalized, and all that flows from that. I'm trying to think if there is a way to specify in either the vision statement or in these objectives what we mean when we say privacy without necessarily trying to take it on in a definitional context and say here is how privacy is to be defined.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, that's a good question. Just to be clear, I'm not arguing that this document should define privacy, but we should acknowledge that it needs to be defined vigorously, robustly, and in public so that there's some meaning to a requirement that NHIN-like entities respect privacy.

Cris Ross – MinuteClinic – CIO

This is Cris. Admitting my complete ignorance in this area could be useful as someone listening to the conversation. I'm just not up to speed on these conversations, but I think generally people have sort of an English language notion of what privacy is, and I think that they can get it enough to absorb it. If the language here is something about that ONC is going to take a leadership role in helping to define and protect evolving standards around privacy may be about as good as we can get pending a clear articulation of what privacy is.

Paul Egerman – eScription – CEO

This is Paul. It's an interesting discussion, but the legislation has a whole section. I think it's called privacy.

Deven McGraw – Center for Democracy & Technology – Director

Yes, but it doesn't define it, nor does the existing privacy ..., but actually, Paul, I think you're as usual on to something very creative which is to think about it terms of, again, sort of ... policy that defines how data can be used and accessed and disclosed which is at its essence what certainly privacy policy does regardless of how it's defined.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I like Cris' wording. It went by so fast I didn't get a chance to write it down, but I like that notion of evolving standards, encourage the debate about evolving standards for what does it mean to enable the control of this data? It's too hard to do it in your head.

Cris Ross – MinuteClinic – CIO

I think what needs to be much clearer over the next year or two is how ONC is going to contribute to resolving the outstanding issues that exist here, policy issues and legal issues. ONC is not responsible for all of that, not responsible for the bulk of it as Deven had said and we all know, but what is ONC's role given the critical nature of privacy concerns with HIT and EHRs, etc. It just needs to be very, very clear and crisp what ONC can do and what it can't do and what to some extent maybe ONC's statement of what it believes should happen to resolve some of those outstanding problems and issues which just

David McCallie – Cerner Corporation – Vice President of Medical Informatics

It matters absolutely in the roles that we've already enumerated as part of ONC's long-range vision of establishing certification standards and standards in general because if those standards have to meet certain privacy requirements they are very different than standards which don't have to meet those privacy requirements in terms of complexity and implementation. There's stuff out there on the books today that theoretically enables deep consumer control, but in practice it's unbuildable which is one of the reasons why it hasn't ever happened, and that's got to get fixed somehow, so how does that get fixed? It goes in the direction of either reducing the requirements or having a much more open system where privacy choices are not necessarily communicable and transferable across all these boundaries where your data's going to end up living, or we go in the other direction, and that's a broad long-range policy issue for ONC I would think.

Cris Ross – MinuteClinic – CIO

This is Cris again. I guess the question is does ONC see itself in the role of leading this for the federal government just to kind of echo the kind of comments that David has made earlier from an aspirational standpoint? If the answer is yes, then I think this statement needs to say that resources are going to be put into this, and there will be efforts made to lead what the policy should be and to make sure that it's implemented and enforced appropriately.

Jodi Daniel – ONC – Director Office of Policy & Research

To lead what the policy should be for—

Cris Ross – MinuteClinic – CIO

With respect to evolving definitions of privacy and the way that they're implemented and enforced.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, does anybody have an issue with the three bullets that are on the objectives notwithstanding the definition of privacy

Cris Ross – MinuteClinic – CIO

No, ... look good.

Jodi Daniel – ONC – Director Office of Policy & Research

... a very strong role which I personally don't have an objection to.

M

No, I don't have any objection to those.

Deven McGraw – Center for Democracy & Technology – Director

I think some of what we've articulated in this discussion probably belongs in the vision discussion.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is David. I'm just reading the bullets again, and I'm okay with them. I was curious about the security needs, whether the word needs was the right word, but that's just a wordsmithing thing.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm sorry. What page are on?

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I'm sorry. It's slide 11, the draft objectives. I thought that was the question. Were those three objectives good, and I'm comfortable that they are good. When I reviewed this the first time I circled and I didn't mark in my notes why I circled it, but I circled the word needs in point number one, identify and prioritize general privacy and security needs, and I'm thinking maybe that there was a better word for that, but that's totally minor, and I don't even remember what my objection was.

Jodi Daniel – ONC – Director Office of Policy & Research

I think we've captured the concept of it's hard to talk about this stuff in the abstract without knowing what we're talking about as far as what privacy is. Understanding that since we're not going to solve that problem on the phone, I think we've got that captured, and we might want be able to discuss that as we talk about the theme as something that kind of frames this, but can I get folks to start looking at some of the draft strategies and giving some feedback on the specifics here because it also might help us in thinking through that broader question.

Paul Eggerman – eScription – CEO

Yes, that sounds good.

Deven McGraw – Center for Democracy & Technology – Director

Sure, so on page 12 the specific items in the second bullet I think we should take them out along the same theory that it's very specific and probably belongs in tactics and in some respects

Jodi Daniel – ONC – Director Office of Policy & Research

Of course, you've got it.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, I agree with that. It's too detailed for this level.

Jodi Daniel – ONC – Director Office of Policy & Research

Some of the time when we've put those details it was to help folks understand what we meant.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

It's useful to know what you meant, but it's not—

Jodi Daniel – ONC – Director Office of Policy & Research

...

David McCallie – Cerner Corporation – Vice President of Medical Informatics

The broad question that occurred to me, again, in the abstract, and I'm sorry I keep bringing up these damn big abstract questions, but we say privacy and security in one phrase all the time. We have privacy and security workgroup. They're really very different at their level of maturity. We understand a lot about how to make a secure system. We don't know much at all about what privacy means. I wonder if they should be separated in our strategies, maybe not, but to lump them together implies that we know the same things about both of them.

Paul Egerman – eScription – CEO

This is Paul. On one hand I agree with what you just said, David, two different things. Security is a hell of a lot easier than privacy. It's just unfortunate that most people, though, lump them together because the distinction between those two is not well understood. Everybody lumps them together, and so I think it should be simple to leave them lumped together like that. As I look at page 12 or slide 12, I was going to ask a question which is I just didn't understand bullet three antidiscrimination, trust in health. Could somebody explain that to me?

Jodi Daniel – ONC – Director Office of Policy & Research

This is Jodi. In talking about privacy, one of the issues that often comes up is kind of the importance of privacy and what is the harm we're trying to mitigate against. There are many types of harm. We can just have embarrassment, just the desire to keep things to yourself and not have others be aware of them, but one of the biggest ones that people will identify is that there will be a use of health information to discriminate against somebody in employment and insurance, etc. The question is whether there needs to be a strategy to address privacy from the other side by looking at the harm that comes from the information being released rather than just looking at trying to prevent information from being inappropriately released or from folks when they need to have the information from having it, but where there's concern about the implication of that. This is trying to get at looking at the privacy issue from one of the big harm perspectives. It's a hard one to address. That's why you see it's fairly vague and just assess, but not wanting to lose that concept.

Paul Egerman – eScription – CEO

I understand. I didn't understand when I first read it, but that makes sense.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, I like the way you explained it, Jodi. It's something like assess how policies that address the potential harms from loss of privacy, address how new policies might reduce the harms that result from loss of privacy and thus increase trust in health information exchange. I like the word harm in there instead of antidiscrimination because it's a variety of things. I think that I may have been the one to raise that point in a previous meeting. Certainly, it's a point I've raised before is that that's the real issue around privacy is how can you be hurt.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, it's a big one. It's not the only one.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

No, it's not the only one. I agree.

Jodi Daniel – ONC – Director Office of Policy & Research

If we were to resolve how employers and health insurers are allowed to use the data they have, I call it the 90% solution. It still doesn't mean we don't need to take care of data, but people's fears would be reduced significantly if we could fix that. Now, ONC doesn't have any power to fix that, but—

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

I'm sorry. This is Mark. I didn't want to interrupt, though, please continue.

Jodi Daniel – ONC – Director Office of Policy & Research

No, that's okay. We've already decided that some of this document is aspirational and having ... policies that reduce the ability to use data in a way that harms people.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

My own view is that the public gets three things confused, and they're very different. One is just confidentiality of communication among several interested parties that have authorization, the typical care thing, and I think Jodi knows well, the treatment, patient, whatever. The second is secondary data use which is outside the scope of ONC other than to support and encourage or coordinate any policies to ensure that whatever secondary data use provisions around are enforced. The final thing is breach which is your classic threatening assault that everybody talks about. Those things have to be kind of separated out, and I would encourage one just to kind of figure out what taxonomy you want to say and maybe tease those out a bit. I share the sense that privacy and security are just stuck together and we have to live with it, but that doesn't mean we can't tease it out.

One other thing, as I think about this and the way I've been talking about it, a lot of us have for a long time, we all tend to just basically say we need to implement policies, and we end up kind of with the most restrictive policies of course. Somewhere in the way it would be nice if there was a sense of two things. The first is that there are the information altruists, and there's wide diversity in individual consumer preference of what they want their information to do.

The second thing, of course anybody that's been cruising the Beacon grant world on this topic is going to see there's an incredible amount of innovative almost ready for primetime applications now that can actually sit in and allow a lot greater flexibility. I don't know if you want to mention flexibility or research or those themes, but a bit of it seems just too much like just mechanically implementing the policies now. It's a minor thing, but just as I'm reading this thinking about my recent experience with Beacon, it just comes to mind that there are some parallels between what ONC is doing in research and promoting

standards and what ONC can do in terms of promoting advanced efforts to accommodate ever-changing individual needs.

Deven McGraw – Center for Democracy & Technology – Director

I'm not sure that I agree with the three categories, Mark. It's Devon, but having said that because we actually now define breach in a way that is beyond just security per the recent rules, but I do like the concept of sort of looking at the ways that technology can actually enhance not just security, but an ability to implement more granular privacy policies. I don't mean just consumer consent in that regard.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Right, well, Deven, I certainly defer to your framework any day. It's just there isn't one kind of there. That's my point. It's just like a thing, a binary event kind of.

Deven McGraw – Center for Democracy & Technology – Director

Right.

Jodi Daniel – ONC – Director Office of Policy & Research

Are we still having a general conversation, or are we talking about a particular strategy here?

Deven McGraw – Center for Democracy & Technology – Director

I think we're having a general—

Jodi Daniel – ONC – Director Office of Policy & Research

That's fine. I just wanted to make sure because I didn't see a particular area, and I just wanted to make sure we're talking more generally.

Deven McGraw – Center for Democracy & Technology – Director

I might be able to suggest some language from a strategic standpoint that builds on some of these.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Deven, I did like your point about encouraging the research and development of technology with more granular control. I think we've got a long way to go there, and that's really important.

Deven McGraw – Center for Democracy & Technology – Director

Yes.

Seth Pazinski – ONC – Special Assistant

This is Seth. I think it is a strategy that we've kind of identified here which is ways in which technology can improve the implementation and the granularity of the privacy policies.

Jodi Daniel – ONC – Director Office of Policy & Research

Where's that, Seth?

Seth Pazinski – ONC – Special Assistant

That's what I'm saying. I don't think that's here, and that's something that's being kicked around on the call right now.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

I think that those at ONC after all, you've got four different classes of Beacon grants there, and some of those high-level lessons or insights may inform a bit more at a tactical level, but it's going to give you a better appreciation of just how much promise is really out there that a lot of people don't realize yet.

Deven McGraw – Center for Democracy & Technology – Director

Yes. What do we mean when we say conduct a security risk assessment? Is that for the government to do on its own?

Paul Egerman – eScription – CEO

I had the same question.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, me, too.

Paul Egerman – eScription – CEO

I think it's just a wordsmithing problem.

Jodi Daniel – ONC – Director Office of Policy & Research

Maybe. I think the thinking is to direct any security policies or educational activities, the thinking was to make sure that we understood where there were greatest risks with respect to health IT and health information exchange from a security standpoint so that we're targeting those efforts. Maybe we need to be a little more specific on that or a little bit more clear.

Paul Egerman – eScription – CEO

Yes because the phrase security risk assessment means something, so I think what you're really doing is ... evaluate whether security problems exist in the entire environment or something.

Jodi Daniel – ONC – Director Office of Policy & Research

Something like maybe assess the greatest security risks across the health IT spectrum to target from policies and educational efforts towards the areas of greatest risk. I didn't say that elegantly, but something along those lines.

Paul Egerman – eScription – CEO

I don't know how to wordsmith it. We all tripped over it, so we need to do something.

Jodi Daniel – ONC – Director Office of Policy & Research

Obviously, something needs to be done. Okay.

Paul Egerman – eScription – CEO

Yes.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Here's your irony of the day. I'm sitting here with my email running of course while I'm listening to this, and the headline that just came across my email is public worried about health data privacy. Not the best news, but it's funny.

Jodi Daniel – ONC – Director Office of Policy & Research

You guys are going to help us figure out what we need to do to solve that.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

That's the education piece which is daunting.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

The article as I skim it it's all about happy to share with doctors, not so happy to share with private companies. ... policy questions right there.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

But they can't wait to give all this information to the government.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

They weren't real happy that, either.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

It's just what all those people out in the ... want to do. They just want to give everything about themselves to the government.

Paul Eggerman – eScription – CEO

Continuing also on slide 12 even though I tripped on the third and fourth bullets, I liked the last bullet. I thought that was good.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

I want to suggest we move on to 13. This first one, I'm just skimming through these. This is very specific. This is something that we had sort of committed to doing, and I think we have heard sort of over and over again ... very helpful. We have this framework that Deven keeps referring to on privacy and security, but really drilling down to ... practices and guidance to help with implementation of privacy and security policies, not just setting the policies, but giving some kind of more practical guidance and direction to help folks figure out how to make that real in their own organization.

This is focused more on consumers, basically helping with consumer education and tools that can help consumers understand privacy policies among different organizations, different providers, different PHR vendors, etc. This is guidance on the identification. This is something that was specifically outlined in HITECH, but is an area that seems to be getting increasing interest as more information is becoming electronic, and it's easier to combine different databases of information and understanding how that effects the identification rules and ... technology.

This is going back to certification, but trying to connect theme 2, the certified EHR technology, to the privacy and security requirements and make sure the technology has the capabilities necessary to meet those requirements and tying again the privacy and security objectives and meaningful use, so making sure this is connecting with basically the first two themes on the technical infrastructure and the meaningful use piece. Thoughts?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Well, I think these are all good. The one larger context issue here is the burden. We said a moment ago it was daunting, but the burden of helping people, consumers, understand all this and frankly many people in the policy community, so I think it's important there, and so I think it's important, therefore, to have in the strategic plan. The broader social context in which privacy of HIT exists—

Jodi Daniel – ONC – Director Office of Policy & Research

I want to direct you, I think it's slide 15 we have a bullet here on national education initiative to broaden the dialogue on privacy and security, and so I think that was the expectation there. I think we've got that captured.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Thanks.

Cris Ross – MinuteClinic – CIO

This is Cris. I think the next to last bullet has a lot of problems in it. Ensuring that it's going to adhere to all federal privacy and security requirements is a problem, and we're not going to have EHRs apply to the same standards that we're going to use for protection of nuclear secrets, right? I think there's been a little bit of a tendency of the privacy workgroup or the standards committee to do essentially that. I think we've gone way too far frankly in the standards committee, but I think that should be removed. There's no reason to believe that the federal standards are necessarily applicable.

Jodi Daniel – ONC – Director Office of Policy & Research

Should we change it to federal health information privacy and security requirements?

Paul Eggerman – eScription – CEO

Sorry, what was the last thing that was said? Can you repeat that, please?

Jodi Daniel – ONC – Director Office of Policy & Research

I'm sorry. This is Jodi. I'm wondering if it just needs to be narrowed to focus on health information privacy and security requirements as opposed to all—

Paul Eggerman – eScription – CEO

Yes, that probably is right. This is Paul. Where the wording comes from is that I think the certification workgroup made this recommendation. That's what we intended. The idea was if you buy a certified EHR you should be able to meet whatever HIPAA or anything else says that the EHR is supposed to do.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Yes, so that's healthcare specific. I think that's the clarification.

Paul Eggerman – eScription – CEO

Yes, so perhaps that's the missing adjective or something, the missing word.

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, I got it.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I think these are all good. Some of them are maybe a little bit lower level than some of the other things we've talked about, but they're good. The one thought I had on the de-identification is I don't know that that is a fully researched area, so there may be an encourage research and offer guidance and policies, etc. because I think we have a lot to learn about how to do that properly.

Jodi Daniel – ONC – Director Office of Policy & Research

That's a very good point.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

The surprising ease with which de-identified data can be re-identified if it's paired up with other data is an understudied area as well. It's certainly an area most people aren't aware of. I shared with the group before that I get emails from companies offering covertly to re-identify data.

Deven McGraw – Center for Democracy & Technology – Director

Send those to me, David.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I did send some of them to Deborah I think. I'll have to go dig some of them out again.

Deven McGraw – Center for Democracy & Technology – Director

I'd love to read them, too.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I'll see if I can find it.

Deven McGraw – Center for Democracy & Technology – Director

Yes because this is that other privacy advocacy ... Deven.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

Okay, Deven, sure.

Deven McGraw – Center for Democracy & Technology – Director

Thank you, David. On page 13 the develop and promote tools that enable consumers to clearly understand and compare privacy policies seems a little tactical-specific. Maybe we want a strategy that speaks more to improving the transparency of sort of policies and data sharing for consumers.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, others?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

I'm sorry. Could you say that again? What are you going to do for consumers?

Deven McGraw – Center for Democracy & Technology – Director

Well, here's the thing. This specific bullet which I'm referring to is the one on page 13, the second one about promoting tools that enable consumers to sort of understand and compare privacy policies, and there's nothing wrong with that, but it's almost like there's a step that has to take place first that's missing. In the realm of transparency, privacy policies ... very good job of telling people what's going on with their data, and there's a lot of improvement there before we even get the page of getting people tools to compare it on. It also seems like a sort of micro specific thing versus a broader strategy at improving transparency

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, I think that's great. That makes perfect sense.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Yes, it's a good idea, very good. To be specific you're talking about what exactly, developing ideal privacy statement policies or—

Deven McGraw – Center for Democracy & Technology – Director

No because that's too specific. The ... to be more transparent or to encourage greater transparency and understandability or comprehensive ..., actually comprehensive almost means too long. They're too long as they are. I can help think of a way to articulate it.

Paul Egerman – eScription – CEO

I was going to suggest something shorter which is just help consumers understand privacy policies.

Seth Pazinski – ONC – Special Assistant

This is Seth. I think given the federal government's role in privacy, we should be I think a little bit stronger than encourage.

Jodi Daniel – ONC – Director Office of Policy & Research

I think that's right. Okay, so we have to work on the verb, but I think Deven's point and I'm hearing some consensus around this is to bring it up a level, to talk about transparency, readability, understandability, something like that about privacy policies. Then this might be a tactic for how you do that.

Deven McGraw – Center for Democracy & Technology – Director

Right.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Yes, with a parenthetical phrase of million dollar fines on companies. I'm just joking.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, other comments on this slide? I'm wondering actually along the same lines if the first bullet probably needs to be raised up a notch, maybe just developing best practices and guidance and get rid of the nationwide framework. That's a tactic. We might use that to do this, but there might be other ways we do that.

Paul Egerman – eScription – CEO

... I kind of like including the nationwide.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, great.

Deven McGraw – Center for Democracy & Technology – Director

Yes, it's only because that nationwide document, the framework is really at a principle level, and you really kind of need some guidance about how you would ... that.

Paul Egerman – eScription – CEO

Also, we should be building on work that's already been done. There's a lot of work there, and we should somehow use that as a foundation to build on.

Jodi Daniel – ONC – Director Office of Policy & Research

... I spent a long time working on this document. Great, that's great. Okay, can we move on to slide 14?

Deven McGraw – Center for Democracy & Technology – Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

Fabulous. Here's we're going into more rights specific stuff, more legal specific stuff here, implementing HIPAA mods in HITECH. This is very specific and focused on the now. This is getting a little bit beyond that, so we're going to be doing all this, placing all this information about breach notifications, providing transparency of reported breach notifications, and analyze reported breaches to identify common issues to inform privacy and security policies, review existing privacy and security laws to identify where we might need to do potential modifications or policies to align with health IT and health information exchange capabilities. This was supposed to be the slightly more forward-thinking than just implement what HITECH told us to do.

Then the last one is focused on accountability and enforcement. Again, there might be certain things that are limited by what ONC can do. We obviously don't get to enforce HIPAA law, but can work with OCR in doing that. Thoughts on these.

Deven McGraw – Center for Democracy & Technology – Director

I really like them.

Jodi Daniel – ONC – Director Office of Policy & Research

I thought you might.

Deven McGraw – Center for Democracy & Technology – Director

This means that somebody on the phone probably doesn't. The reason why, just to be more specific is that I think number one, it does address the need to implement what's in the law, but it also looks to taking advantage of those opportunities to be proactively thinking about what needs to be ..., not just for today, but with the merging in the future. What I like a lot about the last one is it's an environment of accountability that's not I think the lack of clarity about how to comply with rules that we've got ... providers and consumers because if people don't know what they're supposed to be doing, how can we expect them to comply. This ... more important than enforcing it. That's why I like it.

Jodi Daniel – ONC – Director Office of Policy & Research

Does anybody want to counterpoint Deven?

Deven McGraw – Center for Democracy & Technology – Director

That's fine. ...

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I like them.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, going once, going twice, okay, slide 15. This is now—

Deven McGraw – Center for Democracy & Technology – Director

There's always ... email communication if you absolutely hated it.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

This is the good thing about having a Friday afternoon meeting is it goes pretty fast.

Jodi Daniel – ONC – Director Office of Policy & Research

Friday afternoon by 3:00, we're just going to move right along now. These focusing on state issues because obviously privacy and security are not something that's solely implemented through federal policies, so working and coordinating and engaging with the states which we have a bunch of activities under way in existence. This is kind of working through our existing programs, working through our regional extension program to train entities on privacy and security and policies and tools, so using that as a mechanism for education and then a national education initiative on privacy and security to enhance public transparency regarding uses and rights with respect to protected health information. Thoughts?

M

I think it's good.

Deven McGraw – Center for Democracy & Technology – Director

I was going to say the same, but it seems it's ... before. I think this is good.

Jodi Daniel – ONC – Director Office of Policy & Research

Great.

M

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm going to ask the same question I asked on theme two. Are there strategies that are missing that we should be considering to meet the objectives that we've put forward in slide 11 other than defining privacy?

Deven McGraw – Center for Democracy & Technology – Director

I think part of the reason why nothing looks missing to me is that they're so nicely broadly worded. At the tactics level I might give you suggestions for ... incremental things, but at the strategic level, it looks to me that you have it.

Jodi Daniel – ONC – Director Office of Policy & Research

Great, anybody else?

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. I assume, I think I'm going to say the same time that she said that at the program level, the operational level, there'll be more details I assume at some later point that is specific. These are goals and aims and tactical approaches. They have specificity, but they don't have sort of operational things or examples, but then I'm not an expert at pulling these kind of strategic things together. Do you get the gist of my question?

Jodi Daniel – ONC – Director Office of Policy & Research

Yes, there will be another level beyond this talking about tactics. I don't know that we were, Seth help me here, on this framework planning to have the committee talk through tactics.

Seth Pazinski – ONC – Special Assistant

No, we weren't planning on having that incorporated into the framework document itself, but certainly, to the degree that folks have input on that, we'll be taking this when we put the plan itself together to include those details. Those thoughts would certainly be welcome.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I guess one point that I would make is that sometimes I think we all have the experience of reading strategic framework typed documents and feeling that they have a lot of good specificity of the kind that we've been talking about for the last two hours, but they don't often have examples that make what they are saying, what the document's input is concrete. I guess I would suggest that we try to make this document come alive for the world by having some of those examples. I'm not necessarily saying that this workgroup or any of the others would craft those, but just I guess it's an urging that it makes anything come alive to have examples of how something might be done. You don't have to have it for every bullet, in every item of effort you're doing, but it's just an urge to make the narrative of the thing come alive.

Seth Pazinski – ONC – Special Assistant

This is Seth. I wanted to, challenges that at least I have experienced in working on the strategies for the privacy and security section is I think it's harder to get that sense of priorities and development over time, like there ... having an incremental approach to some of the more technical things I think comes across more clearly, so if there are ways that you feel we can better incorporate that into the document, looking at what are the critical things in the short term and what are the key issues further out, I think that would be helpful as well.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm going to go to the last slide. This is sort of broad themes for workgroup discussion, and it was just to make sure that we kind of spurred thinking beyond just focusing on the words that we had on the page, but some of this we've talked through already, but just to since we have a little bit more time, looking at do we have the proposed objectives that we need to meet are goals? This is sort of looking more big picture again. Do we have the strategies aligned for the objectives? We have whether anything's missing or underrepresented, and again, folks can feel free to get back to us if all of a sudden you wake up in the middle of the night and something comes to you about, wait, we forgot a huge area. Whether there are areas for further recommendations from the committees on these issues, anything about private sector efforts that we should highlight that align with these strategies, and whether we're addressing broad exchange beyond providers.

I think we have quite a few things, places in here we've tried to ... through it some focus on patients and consumers, but also thinking about vendors, payers, researchers, others that might be involved in exchange that we might have been too focused on meaningful use providers and consumers. I just wanted to kind of sort of take a step back, have a broader discussion, and just any other things from some broader perspectives that we need to focus on, think about, we might have missed that should kind of frame what we're doing here.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

This is Steve. Deven and I and maybe one or two other people on the call, I don't know, were at a Markle meeting on Wednesday which there was a lot of very good discussion of bringing home to consumers, to patients, the meaning, the hope of HIT and meaningful use and really trying to capture for plain old folks the benefit of these tools and the technology hardware and software and the direction to which they're going to be put or the use to which they're going to be put which is enhancing and improving health, etc. I would just hope that we all keep in mind as this strategic plan gets pulled together the primacy of that, of the need to try to find ways to communicate that, find ways that are always going to be grounded in the benefit to patients, and that's an obvious statement, I know, but it kind of gets lost sometimes in all the language even though we seek to emphasize it and we all understand it. It does get lost. You do polls and surveys of this as one David just cited a moment ago, and it's just such a persistent and consistent finding that people are scared. They're just scared of the use of all this even though we live in an

environment where people are posting their full medical records to certain Web sites, but that's a very small minority of the population. Enough said.

Paul Eggerman – eScription – CEO

Those are valuable comments. I have a different comment about this within the context of what might be missing from the privacy and security section. I'm not sure it's relevant and probably not near as meaningful as the last comment, but I remember the ... legislation ... there was a section that said something like ONC ... redevelop or do research into technologies that made data unreadable, and it also dealt with identification of data, but ... the concept that there would be some technological solutions to making data unreadable or something like that. Somehow the concept of advanced technology related to privacy and security as a strategy, I'm not sure that that's captured here.

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

Mark here. I'm not sure that wasn't referred to NIST, but still, it's a very good point about ONC's role as a coordinator. I'm not sure. I think it was NIST.

Paul Eggerman – eScription – CEO

Was it NIST that was supposed to do that?

Mark Frisse – Vanderbilt University – Accenture Professor Biomed Informatics

I may have it wrong, but that was my recollection.

Jodi Daniel – ONC – Director Office of Policy & Research

We're supposed to develop guidance. Somebody on the call brought it up with respect to technologies related to greater consumer control, and maybe we can broaden that through research and advancing technologies that protect information with respect to the privacy side which was the greater control and then sort of the security side of preventing inappropriate access or breaches or that kind of thing. I don't have the language right, but it sounds like what I'm hearing, I heard this before, is that we probably need another strategy relating to research and advancement of technologies for increased protections. Is that correct?

Deven McGraw – Center for Democracy & Technology – Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay.

David McCallie – Cerner Corporation – Vice President of Medical Informatics

I like that.

Paul Eggerman – eScription – CEO

Yes, that's a better way of saying it. That's correct.

Deven McGraw – Center for Democracy & Technology – Director

Yes, that's the concept of privacy by design There's a technological capability that we know today and lots of innovation going on

Jodi Daniel – ONC – Director Office of Policy & Research

Any other last minutes thoughts? We don't have to stay on the call until 4:00 if we don't need to I promise. I just want to make sure people have an opportunity to say anything that they feel would be useful at this point.

Steve Findlay – Consumers Union – Senior Healthcare Policy Analyst

I would applaud you guys for pulling together a lot of very good language here, very good conceptualization, just really terrific work.

Jodi Daniel – ONC – Director Office of Policy & Research

Thank you.

Paul Eggerman – eScription – CEO

I agree. This is a hard thing to do.

Deven McGraw – Center for Democracy & Technology – Director

Yes because there's no way we could have a conversation without something in front of us, so very helpful.

Jodi Daniel – ONC – Director Office of Policy & Research

We have thick skin, too, so you can take pot shots at us. We're good. Great, well, there were a couple of areas where some folks agreed to do some wordsmithing and get some ... down for us to add strategies, and then if anybody else has any edits that they want to suggest, specific language, why don't you shoot those to Seth Pazinski. Seth, when would you want any edits for this and any kind of cracks at drafting?

Seth Pazinski – ONC – Special Assistant

I think it might be worth if the people who were going to take a shot at different things send those to me. I think it would probably be best to actually do another iteration over email as my thought is given that we talked about a number of changes. Maybe I can take a shot at incorporating what people send me and then doing the other edits we talked about and then send that back out for kind of a quick check to make sure we've captured things correctly.

Jodi Daniel – ONC – Director Office of Policy & Research

When is our next, our full workgroup meeting?

Seth Pazinski – ONC – Special Assistant

February 9.

Jodi Daniel – ONC – Director Office of Policy & Research

I'm sorry.

Seth Pazinski – ONC – Special Assistant

February 9.

Jodi Daniel – ONC – Director Office of Policy & Research

Okay, so we have time. If folks can get the revised language to Seth by when, Seth?

Seth Pazinski – ONC – Special Assistant

Should be at some point on Tuesday.

Jodi Daniel – ONC – Director Office of Policy & Research

Sure, and then Seth will try to turn this around get it out to folks middle of next week sometime. If anybody has any comments, edits, whatever you want to kind of contribute, we can just iterate by email and have a document ready for February 9 for the meeting with the full workgroup. Does that sound like a plan?

Deven McGraw – Center for Democracy & Technology – Director

Yes.

Jodi Daniel – ONC – Director Office of Policy & Research

Great, well, we've got an extra 40 minutes on Friday afternoon, so thank you very much for all of your input, and we will talk on email and again on February 9.

M

Thank you.

Deven McGraw – Center for Democracy & Technology – Director

Thank you.